

Division of MH/DD/SAS Benefit Package

Services and Procedure Codes

- ◆ Basic Benefit services are limited for individuals who do not meet target population criteria and are not eligible for Medicaid. Those individuals may receive state-funded assessment, evaluation and crisis services based on medical necessity.
- ◆ All Enhanced Benefit services must be authorized as part of a Person Centered Plan.
- ◆ Individuals who do not meet target population criteria and are Medicaid eligible and meet medical necessity may receive any Medicaid covered services.

Current Services	IPRS Code	DMH/DD/SAS State Funded Services			Medicaid Services	Disposition
		Basic Benefit (Non-Target)	MH/SA Enhanced Benefit (Target)	DD Benefit	Medical Necessity Required	
CPT Code Services						
Medication Administration	90782		X		X	
Clinical Evaluation/Intake	90801	X				Incorporated into Diagnostic Assessment
Interactive Evaluation	90802	X				Incorporated into Diagnostic Assessment
Individual Therapy (20-30 min.)	90804		X		X	
Individual Therapy (20-30 min.)--MD	90805		X		X	
Individual Therapy (45-50 min.)	90806		X		X	
Individual Therapy (45-50 min.)--MD	90807		X		X	
Individual Therapy (75+ min.)	90808		X		X	
Individual Therapy (75+ min.)--MD	90809		X		X	
Interactive Therapy (30 min.)	90810		X		X	
Interactive Therapy (30 min.)--MD	90811		X		X	
Interactive Therapy (50 min.)	90812		X		X	
Interactive Therapy (50 min.)--MD	90813		X		X	
Interactive Therapy (80 min.)	90814		X		X	
Interactive Therapy (80 min.)--MD	90815		X		X	
Individual Therapy (30 min.)	90816		X		X	
Individual Therapy (30 min.)--MD	90817		X		X	

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Individual Therapy (50 min.)	90818		X		X	
Individual Therapy (50 min.)--MD	90819		X		X	
Individual Therapy (80 min.)	90821		X		X	
Individual Therapy (80 min.)--MD	90822		X		X	
Interactive Therapy (30 min.)	90823		X		X	
Interactive Therapy (30 min.)--MD	90824		X		X	
Interactive Therapy (50 min.)	90826		X		X	
Interactive Therapy (50 min.)--MD	90827		X		X	
Interactive Therapy (80 min.)	90828		X		X	
Interactive Therapy (80 min.)--MD	90829		X		X	
Family Therapy without patient	90846		X		X	
Family Therapy with patient	90847		X		X	
Group Therapy (Multiple Family Group)	90849		X		X	
Group Therapy (non-multiple family group)	90853		X		X	
Medication Check-Individual	90862		X		X	
Psychological Testing	96100	X	X	* X	X	* Specialty services can be utilized with the goal of either: a) restoring/improving functioning (rehabilitation) or b) maintaining capacity of functioning (habilitation).
Aphasia Assessment	96105	X	X	* X	X	
Developmental Testing (Limited)	96110	X	X	* X	X	
Developmental Testing (Extended)	96111	X	X	* X	X	
Neurobehavioral Exam	96115	X	X	* X	X	
Neuropsychological testing battery	96117	X	X	* X	X	

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		Basic Benefit (Non-Target)	MH/SA Enhanced Benefit (Target)	DD Benefit	Medical Necessity Required	
Evaluation and Management-Problem Focused-New Patient	99201	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-Expanded-New Patient	99202	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-Detailed-New Patient	99203	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-Moderate-New Patient	99204	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-High-New Patient	99205	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-Problem Focused-Established Patient	99211	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-Expanded-Established Patient	99212	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-Detailed-Established Patient	99213	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-Moderate-Established Patient	99214	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Evaluation and Management-High-Established Patient	99215	X	X		X	For Basic Benefit: These services are only applicable to crisis situations.
Initial Hospital Care Low Severity	99221	X	X		X	
Initial Hospital Care Mod. Severity	99222	X	X		X	
Initial Hospital Care High Severity	99223	X	X		X	
Subsequent Hospital Care per day	99231-	X	X		X	

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		Basic Benefit (Non-Target)	MH/SA Enhanced Benefit (Target)	DD Benefit	Medical Necessity Required	
15 min.-35 min.	99233					
Observation or Inpatient Hospital Care, Low Complexity	99234	X	X		X	
Observation or Inpatient Hospital Care, Moderate Complexity	99235	X	X		X	
Observation or Inpatient Hospital Care, High Complexity	99236	X	X		X	
Hospital Discharge Day 30 min. or less	99238	X	X		X	
Hospital Discharge Day more than 30 min.	99239	X	X		X	
Office Consultation 15-80 min.	99241-99245	X	X		X	
Initial Inpatient Consultation 20-110 min.	99251-99255	X	X		X	
Follow-Up Inpatient Consultation 10-30 min.	99261-99263	X	X		X	
H Code Outpatient Services						
Alcohol and/or Drug Group Counseling	H0005		X		X	
Behavioral Assessment	H0001	X			X	Incorporated into Diagnostic Assessment
Behavioral Health Counseling	H0004		X		X	
Behavioral Health Counseling-Family Therapy with Client	H0004HR		X		X	
Behavioral Health Counseling-	H0004HS		X		X	

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Family Therapy without Client)						
Behavioral Health Counseling-Group Therapy	H0004HQ		X		X	
Mental Health Assessment	H0031	X			X	Incorporated into Diagnostic Assessment
Service Definitions- No Revisions						
Facility Based Crisis Program	S9485	X	X	X	X	
Opioid Treatment	H0020		X		X	Methadone Administration Only
Personal Care	YM050			X		
Service Definitions-Under Study						
ADVP	YP620			X		Under study
Community Rehab. Service	YP650		X			Under study
Developmental Day	YP610			X		Under Study
Guardianship	YM686		X	X		Under study
Independent Living	YM700		X	X		Under study
Partial Hospitalization-Adult	H0035HB		X		X	Under study
Partial Hospitalization-Child	H0035HA		X		X	Under Study
Residential Treatment- Level II Family Type	S5145		X		X	Under study
Program Type	H2020		X		X	Under Study
Residential Treatment- Level III, 4 beds or less & 5 beds or more	H0019		X		X	Under study
Residential Treatment- Level IV, 4 beds or less & 5 beds or more	H0019		X		X	Under study
Room and Board - Level II (Age 5 or	YA234		X			Under study

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less), (Age 6-12) or (Age 13+)	YA235 YA236					
Room and Board - Level III (1-4 Beds) & (5+ Beds)	YA232 YA233		X			Under study
Room and Board - Level IV (1-4 Beds) & (5+Beds)	YA237 YA238		X			Under study
Specialized Summer Program (WM)	YA370		X			Under study
Therapeutic Leave-Residential Level II: Therapeutic Foster Care Program Type	YA254 YA255		X			Under study
Therapeutic Leave - Residential Level III (1-4 Beds) & (5+ Beds)	YA256 YA257		X			Under study
Therapeutic Leave - Residential Level IV (1-4 Beds) & (5+ Beds)	YA258 YA259		X			Under study
Therapeutic Leave Room and Board - Level II (Age 5 or less), (Age 6-12) & (Age 13+)	YA265 YA266 YA267		X			Under study
Therapeutic Leave Room and Board - Level III (1-4 Beds) & (5+ Beds)	YA263 YA264		X			Under study
Therapeutic Leave Room and Board - Level IV (1-4 Beds) & (5+ Beds)	YA268 YA269		X			Under study
Wilderness Camp	YA241		X			Under study
Service Definitions- Under Revision						
Assertive Outreach	YP230		X			Under revision

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		Basic Benefit (Non-Target)	MH/SA Enhanced Benefit (Target)	DD Benefit	Medical Necessity Required	
Behavioral Health Prev Ed Service	H0025		X			Under revision
Drop In Center: Attend Cover	YP690 YP692		X			Under revision
Financial Support Services	YM600		X	X		Under revision
Individual Supports	YM716		X	X		Under revision
Long Term Vocational Support	YM645		X	X		Under revision
Respite Services: Hourly Respite – Individual Hourly Respite-Group Hourly Respite Respite-Community Community Respite	YP010 YP011 YA125 YP730 YA213		X	X		Under revision
Residential Services: Family Living – Low Family Living – Moderate Group Living – Low Group Living – Moderate Group Living – High Supervised Living – Low Supervised Living – Moderate Supervised Living – 1 Resident Supervised Living – 2 Resident Supervised Living – 3 Resident	YP740 YP750 YP760 YP770 YP780 YP710 YP720 YM811 YM812 YM813		X X X X X X X	 X X X		Under revision

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Supervised Living – 4 Resident	YM814			X		
Supervised Living – 5 Resident	YM815			X		
Supervised Living – 6 Resident	YM816			X		
Supported Employment:						Under revision
-Individual	YP630		X	X		
-Group	YP640		X	X		
Service Definitions- New or Modified						
Assertive Community Treatment Team	H0040		X		X	
Community Support: Adult	TBD		X		X	
Community Support: Child	TBD		X		X	
Community Support Team	TBD		X		X	
Day Treatment-Child	H2012-HA		X		X	
Developmental Therapy Service	TBD			X	X	
Diagnostic Assessment	TBD	X	X		X	
Inpatient Hospital-SA Treatment	YP820	X	X		X	
Inpatient Psychiatric Hospital	YP820	X	X		X	
Intensive In-Home Services	TBD		X		X	
Mobile Crisis Management	TBD	X	X		X	
Multisystemic Therapy	TBD		X		X	
Psychiatric Residential Treatment Facility (PRTF)	YA230		X		X	
Psychosocial Rehabilitation Services	H2017		X		X	
SA Comprehensive Outpatient	H2035		X		X	

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Treatment Program						
SA Halfway House	H2034		X			
SA Intensive Outpatient Program	H0015		X		X	
SA Medically Monitored Community Residential Tx	TBD		X		X	
SA Non-Medical Community Residential Treatment	TBD		X		X	
Ambulatory Detoxification	TBD	X	X		X	
Social Setting Detoxification	YP790	X	X			
Non-Hospital Medical Detoxification	TBD	X	X		X	
Medically Superv. or ADATC DETOX	DRG/TBD	X	X		X	
Targeted Case Management	T1017-HE			X	X	
Service Definitions: New CAP Services						
Adult Day Health	TBD				X- Waiver only	
Augmentative Communication	TBD				X- Waiver only	
Crisis Services	TBD				X- Waiver only	
Day Supports	TBD				X- Waiver only	
Home and Community Supports	TBD				X- Waiver only	
Home Modifications	TBD				X- Waiver only	
Individual/Caregiver Training & Education	TBD				X- Waiver only	
Personal Care Services	TBD				X- Waiver only	
Personal Emergency Response Systems	TBD				X- Waiver only	

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Residential Supports	TBD				X- Waiver only	
Respite (general, enhanced institutional and nursing)	TBD				X- Waiver only	
Specialized Consultative Services	TBD				X- Waiver only	
Specialized Equipment and Supplies	TBD				X- Waiver only	
Supported Employment	TBD				X- Waiver only	
Transportation	TBD				X- Waiver only	
Vehicle Adaptations	TBD				X- Waiver only	
Service Definitions- To Be Eliminated						
Alcohol and/or Drug Screening	H0002					LME Function
Case Consultation	H0002					LME Function
Case Support	YP215					Incorporated into Community Supports
CBS - Professional ECI - Individual	H0036HI		CDSA	CDSA	X	Children's Developmental Service Agencies
CBS - Professional ECI - Group	H0036TL		CDSA	CDSA	X	Children's Developmental Service Agencies
CBS - Professional - Individual	H0036					Incorporated into Community Support
CBS - Professional - Group	H0036HQ					Incorporated into Community Support
CBS - Paraprofessional - Individual	H0036HM					Incorporated into Community Support
CBS - Paraprofessional - Group	H0036UI					Incorporated into Community Support
Day Treatment-Adult	H2012HB					SA Comp. Outpatient Treatment for SA Community Support: Adult for MH or SA
CE&PP – Cons Ed Prim Prev	YP110					LME function
Day Activity	YP660					Community Support
Day Supports	YM580					Personal Care, Developmental Therapy, Individual Supports, Financial Supports
Mandated Tx Team	YP340					PCP Process

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Outpatient. Tx – Individual	Y2305					To be billed through the appropriate CPT or H Codes
Outpatient. Tx – Group	Y2306					To be billed through the appropriate CPT or H Codes
Personal Asst – Individual	YP020					Personal Care, Developmental Therapy
Residential Supports	YM850					Personal Care, Developmental Therapy, Individual Supports, Financial Supports
Social Inclusion	YM570					Developmental Therapy
Therapeutic Intervention/Crisis Prev. -Individual -Group	YM450 YM451					Targeted Case Management, Developmental Therapy
Travel-Professional	YP498					Incorporated into rate
Travel-Para-Professional	YP499					Incorporated into rate
Current CAP-MR/DD Waiver Definitions						
Waiver: Adult Day Health	S5102				X- Waiver only	
Waiver: Personal Care	S5125				X- Waiver only	
Waiver: Respite – Institutional	H0045				X- Waiver only	
Waiver: Respite – Community Based	S5150				X- Waiver only	
Waiver: Respite – Facility Based (24 hour awake staff)	S5150				X- Waiver only	
Waiver: Developmental Day	T2027				X- Waiver only	

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Waiver: In-Home Aide – Level 1	S5120				X- Waiver only	
Waiver: Environmental Access Training	S5165				X- Waiver only	
Waiver: Supported Employment – I	T1999				X- Waiver only	
Waiver: Supported Employment – G	H2025				X- Waiver only	
Waiver: Crisis Stabilization	H2025HQ				X- Waiver only	
Waiver: PERS	S5161				X- Waiver only	
Waiver: Aug Comm Device – Purchase	T2028				X- Waiver only	
Waiver: Aug Com Device – Repairs Service	V5336				X- Waiver only	
Waiver: Family Training	S5110				X- Waiver only	
Waiver: Vehicle Adaptations	T2039				X- Waiver only	
Waiver: Respite Care – Nursing Bed	T1005TD T1005TE				X- Waiver only	
Waiver: Supported Living – 1	H2016				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports
Waiver: Supported Living 2	T2014				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports
Waiver: Supported Living 3	T2020				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports

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Waiver: Supported Living 4	H2016HI				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports
Waiver: Case Management	T2022				X- Waiver only	
Waiver: Interpreter Services	T1013				X- Waiver only	
Waiver: Therapeutic Case Consultation	T2025				X- Waiver only	
Waiver: Transportation	T2001				X- Waiver only	
Waiver: Day Habilitation Periodic Group (over 2 clients)	T2021HQ				X- Waiver only	To be replaced with Home and Community Supports
Waiver: Day Hab Per. G (2 clients)	T2021HQ				X- Waiver only	To be replaced with Home and Community Supports
Waiver: Day Hab – Individual	T2021				X- Waiver only	To be replaced with Home and Community Supports
Waiver: Supported Living Per. Group	H2015HQ				X- Waiver only	To be replaced with Home and Community Supports-Periodic- group
Waiver: Respite Group (2-3 clients)	S5150HQ				X- Waiver only	
Waiver Supported Living Per. - Ind	H2015				X- Waiver only	To be replaced with Home and Community Supports-Periodic- Individual